

11/11/2002

Note: This is a sample  
template, it is not  
an OMB approved  
form.

**Universal 911 Dialing- First Transition Report**

Please read instructions before completing

**Section 1**

**Carrier Identification Information**

Parent Company Name

Panhandle Telephone Cooperative, Inc.

Service Provider Name

Panhandle Telephone Cooperative, Inc.

Company Address, City, State, Zip

603 S. Main Street  
Guymon, OK 73942

Service Provider Type

☐ Wireless

☒ Wireline

Name(s) of Wireless License Holder(s)

Contact Name

Gary Burke

Contact Tel #

580-468-2250

Fax #

580-468-3799

E-mail Address

gary.burke@ptci.net

**Section 2**

**Local Area 911 Implementation**

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Cimarron County, Oklahoma

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

Cimarron County Oklahoma - Cimarron County  
Sheriff Department  
Boise City, OK

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

PTCI contacted the sheriff's department to get their authorization to send 911 calls to them. This authorization was granted.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

July 1, 2002

### Section 3 911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

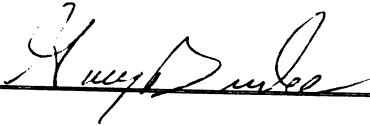
(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

Section 4

Certification - To be signed by an authorized representative of the reporting entity

- ☒ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.
- ☐ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of \_\_\_\_\_.

Signature



Printed name of authorized representative

Gary Burke

Title

Plant Manager

Date

March 5, 2002

This filing is:

☒ original filing

☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.